

10686794

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10686794

FILING DATE

APPLICANT(S)

(12304)

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	1		1			
7	2		2			
8	1		1			
9						
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
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25	1					
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50						
TOTAL IND.	2		1			
TOTAL DEP.	19	→	13	→		
TOTAL	21		14			

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.		→		→		
TOTAL DEP.		→		→		
TOTAL		→		→		